

215050862
72707

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 058	Agency Case No. B5-112688	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/05/2015		TIME OF ACCIDENT	STATE USE ONLY	Amended 12/06/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1018	LATITUDE	
B 42	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 48th/GLADE-NORMAL BLVD		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 2	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		65.00		X		NORMAL BLVD
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 10	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?	
		1			<input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02182873		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	KATHY J HOHNSTEIN		PHONE	4023278274	
V2/N 3	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/04/1951	
G 4	OWNER	RALPH L HOHNSTEIN / KATHY J HOHNSTEIN		PHONE	4023278274	
H 2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
		3501 STOCKWELL, LINCOLN, NE 68506				
V1/O 1	LICENSE PLATE NO.	BABB00		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
		2006	KIA	OLE	4 door Sedan	tan
I 1	VEHICLE ID NO. (VIN)	KNAGD128365437219		INSURANCE COMPANY	OWNERS INSURANCE CO	
J 01	TOWED TO	TOWED BY		POLICY NO.	45-050-114-00	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	G02183769		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	SANDRA M WORM		PHONE	4023042833	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/21/1945	
J 01	OWNER	SANDRA M WORM		PHONE	4023042833	
K 02	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
		1625 GRANADA LN, LINCOLN, NE 68528				
V1/Q 4	LICENSE PLATE NO.	GMAWORM		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
		2004	Saturn	VUE	Compact Utility	green
L 02	VEHICLE ID NO. (VIN)	5GZCZ53404S892354		INSURANCE COMPANY	STATE FARM	
		TOWED TO		TOWED BY		POLICY NO.
						090-5719-F01-27
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

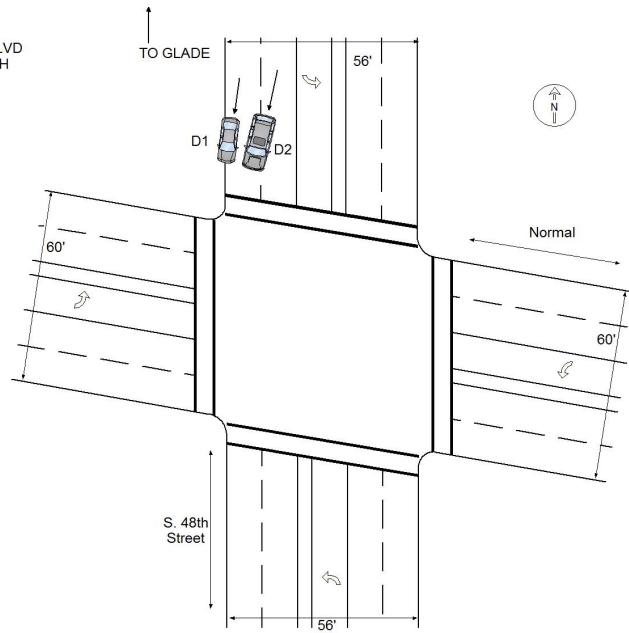
AGENCY CASE NO.
B5-112688



Indicate
North
by Arrow

POI (APPROX)
65' N OF N CURB NORMAL BLVD
EVEN WITH W CURB S 48TH

LEGEND-
NO SKIDS/DEBRIS



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reports that she was SB on S 48th in the curb lane at approx. 30 mph approaching the intersection of 48th & Normal with the green traffic signal when D2 changed from the inside to outside lane of traffic. D1 reports that she took evasive action by braking and steering to the right to avoid the collision and she struck the W curb of S 48th Street causing minor damage. D2 reports that she was SB on S 48th Street in the inside lane of traffic at approx. 30 mph and she was slowing as she was preparing to change from the inside to curb lane of traffic and she reports that she looked prior to changing lanes and she heard a noise and then saw D1's vehicle up on the curb along the side of her vehicle near the intersection. It does not appear that D1 and D2's vehicles made contact but D2 stated that she was responsible for forcing D1's vehicle off the roadway.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME											
1		X			S 48											
2		X			S 48											
1	01				06 Turning left											
2	03				08 Entering traffic lane											
					01 Essentially straight ahead											
					02 Backing											
					03 Changing lanes											
					04 Overtaking/Passing											
					05 Turning right											
					09 Leaving traffic lane											
					10 Parked											
					11 Slowing or stopped in traffic											
					12 Other											
					13 Unknown											

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	10	POINT OF IMPACT	12
MOST DAMAGED AREA	10	MOST DAMAGED AREA	12
00 None		02 03 04	
09 Top & windows		01 05	
10 Undercarriage		08 07 06	
11 Total (all areas)			
12 Other			

VEHICLE 1		VEHICLE 2	
1	4	1	2
2		2	
3		3	
4		4	
5		5	
6		6	

VEHICLE 1		VEHICLE 2	
1	2	1	2
2		2	
3		3	
4		4	
5		5	
6		6	

ALCOHOL/DRUGS SUSPECTED		Driver No. 1		Driver No. 2	
1 Neither alcohol nor drugs suspected		1		1	
2 Yes - alcohol suspected					
3 Yes - drugs suspected					
4 Yes - alcohol & drugs suspected					
5 Unknown					

OFFICER NO. 921	TROOP/TEAM/BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? YES NO
INVESTIGATOR NAME (Print or Type) Michael Holm		INVESTIGATOR SIGNATURE Approved by Michael Holm	
DATE OF REPORT 12/06/2015			